Innovations
IN CONTINUING CARE
VOLUME 1, NUMBER 3, SPRING 1996

Demonstration Project Consultation Group: a collaborative partnership creating policy change

The New Models in Continuing Care Demonstration Project[1] is making good progress with models being delivered at 12 sites in Alberta.

The project, established in fall, 1995, is testing new and diverse models of continuing care. Ultimately, it aims to be instrumental in bringing about a consumer-oriented system focusing on choice and independence for the client. This vision was outlined in a 1994 Alberta Health document entitled *Continuing Care Centres of Tomorrow: A Role Statement for Alberta's Long Term Care Facilities*. The document described a philosophy of consultation with clients and caregivers as a mechanism for operationalizing policy changes.

An important element of this change process is the Consultation Group, comprised of representatives from each of the demonstration project sites. Each representative provides a wealth of existing participant expertise and, together, the group provides peer support, information sharing and consultation regarding project implementation, and provides a mechanism to collaboratively review progress.

Client and program data are being collected at each demonstration project site, and this data will provide a profile of the clients and characteristics of each program. Each of the demonstration project sites has developed criteria to track the implementation of each project, as well as factors that are critical to making key program elements work. These program implementation issues are documented and reported at quarterly Consultation Group meetings. Finally, various recognized tools are utilized by each of the project sites to indicate the success of each program (e.g. client/family satisfaction; dementia attitude scale; caregiver stress inventory, etc.) for clients/residents, family and staff.

At the end of the project, the Consultation Group will assess the degree to which each of the twelve demonstration projects fulfilled its objectives. Evaluation criteria are being developed which will be utilized in all of the projects.

Project Co-ordinator Bruce Finlayson says that, as a strategy for introducing change and innovation into the continuing care system, the method of using demonstration projects has a positive history in Alberta. "It

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Six models at 12 sites

Adult Family Living
Carewest
Rimbey and District HCC
Capital Care Group

Dementia Care
Capital Care Group

Integrated Community Care Programs
Capital Health Authority
Cold Lake HCC

Assisted Living
Good Samaritan Society

Native Heritage Enrichment
J.B. Wood Extended Care

Transitional Care
Foothills Hospital
Central Park Lodge
Allen Gray Auxiliary
Peace Health Region

[1] A project funded by Health Canada's New Horizons Program

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Assisted Living: The Good Samaritan Society

Privacy. Dignity. Choice. Individuality. Independence. A home-like environment. These are the principles that shape The Good Samaritan Society's Assisted Living pilot project, Wedman House. Assisted Living is an alternative model of continuing care that combines managed delivery of housing, health care and support services within a residential setting. This project is based on an assisted living model developed by Dr. Keren Brown Wilson in Oregon. A focus on client-defined need and autonomy is operationalized through the concepts of shared responsibility, managed risk and bounded choice. The purpose of The Good Samaritan's pilot project is to determine the role of residential continuing care in the spectrum of services provided in Alberta to individuals requiring institutional placement. "Is the assisted living model of residential continuing care an appropriate and cost-effective replacement for institutional continuing care?" is the overall question to be addressed in the evaluation of the project presently in progress.

Assisted Living is an alternative model of continuing care that combines managed delivery of housing, health care and support services within a residential setting.

A new choice

Wedman House is a 30-suite single-floor complex built in a residential community in south Edmonton. Each suite is wheelchair accessible with a three-piece bath and kitchenette. Individuals moving into Wedman House bring their own furniture and accoutrements; each room reflects the tastes and life history of the tenant. Suites have lockable doors as one would find in an apartment complex.

The public areas are situated at the front of the building and are divided according to function. There is a dining area next to the building's kitchen, an activity area, a sitting room with a fireplace, two smaller lounges and an inner courtyard. The surrounding grounds have a green space (to be further developed with a walkway) and raised flower beds. Space is available should a tenant wish to put in a small garden.

Everyone who chooses to live at Wedman House requires continuing care services, and their support needs are reviewed with the Capital Health Authorities placement co-ordinators through the single point of entry process. To date, individuals from all levels of Alberta's Continuing Care Classification System (A-G) have been accommodated at Wedman House. Individuals who are unable to benefit from the assisted living environment (such as those

Demonstration Project Consultation Group

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worked well in 1990-92 in the implementation of Single Point of Entry on a voluntary basis throughout the system. It was equally successful in 1991-94 in the implementation of Adult Day Programs throughout the province," he explains. "The demonstration project approach was a natural choice as a strategy for introducing further change in the continuing care system to move toward a more client-centered emphasis involving a broader choice of services and a better quality of life."

This issue of *Innovations in Continuing Care* will focus on The Good Samaritan Society's Assisted Living project and The Capital Care Group's Dementia Care project. Future issues of the newsletter will profile each of the remaining demonstration projects — integrated community care programs, native heritage enrichment, and transitional (short-term) care.

already associated with The Good Samaritan Society. Physician visits may take place at the doctor's office or at Wedman House (according to the tenant's wishes in negotiation with the doctor). Medications are provided through an in-house pharmacy. If medication administration cannot be managed by the tenant, it may be carried out by the Residential Care Aides, under the supervision of the Registered Nurse. Other health services are available from The Good Samaritan Society as required, including rehabilitation services, a dietitian, a social worker and a pastoral care minister. A part-time recreation aide is available to assist tenants to access social or recreational activities in the community and to facilitate group endeavors. The services of a foot care nurse are contracted individually by tenants when she comes to the building.

The cost to tenants for assisted living services at Wedman House includes rent, personal care, the evening meal, emergency response system rental, and laundry facilities. If additional meals, transportation, extra cleaning or laundry services are requested, there is an additional fee.

Partnerships with the Community

Through the development and planning of Wedman House, The Good Samaritan Society has sought input and fostered partnerships. Residents, families and staff from the Society's other continuing care facilities reviewed the assisted living proposal and the mock-up suite and had the opportunity to make recommendations as the project unfolded. Dr. Keren Brown Wilson was consulted for input into staff education and was invited to participate in a unique partnership with Wilson and Associates (project architects) and Krawford Construction (project contractors) to design and build a building that would meet the principle of home-like environment, while still being flexible enough to meet tenants' changing health and support needs as they age in place. Initial research examining the effect of moving into assisted living was conducted under the supervision of Dr. A. Dobbs, Director of the Centre for Gerontology. A formal evaluation of the Wedman House project is in progress under the direction of Dr. Jan Ross Kerr, Faculty of Nursing, University of Alberta. The objectives of the evaluation include: to describe the process of development and to compare resident and service characteristics of assisted living with residents and services provided to continuing care centers; to describe the outcomes of assisted living from the perspectives of the tenant, the family, the staff, the organization and the continuing care system; to determine the costs of the assisted living residential model, and to provide information for ongoing improvement of the assisted living service. Key to the evaluation will be determining the tenants' perspectives and satisfaction with this kind of residential continuing care project.

Information about Wedman House and the Assisted Living Pilot Project is available by contacting: Cheryl Knight, The Good Samaritan Society, 200, 9405 - 50 Street, Edmonton, Alberta, T6B 2T4. Phone: 403-431-3779 or fax: 403-431-3795.

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Dementia Care
The CAPITAL CARE Group, Edmonton

Emphases on a home-like environment and participation in everyday activities are some of the key elements in The Capital Care Group's new centre for Alzheimer's care. The care at McConnell Place North (formerly the Alzheimer's Care Centre) is focussed on maximizing independence, individuality, and remaining strengths and allows residents to enjoy the moment and maintain their self-worth and dignity even though their conditions are changing. The design of the facility and the activities that take place within it are carefully planned to make the very best of each resident's abilities and interests.

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This project is modelled after the acclaimed Woodside Place in Oakmont, Pennsylvania. The home-like residence was especially designed for 36 people with Alzheimer's disease or a related dementia. The target group of people for this centre are individuals at the mid-stage of the disease (classification categories B through E in Alberta's resident classification system) who are ambulant, sociable and would benefit from participating in the social environment of the centre. Individuals admitted to McConnell Place North have had a geriatric assessment, cannot have their needs met in the community, and have been referred by home care to the Central Assessment and Placement Services (CAPS).

Discharge of a resident from McConnell Place would be for the following reasons: resident's needs cannot consistently be met adequately with the current staffing; resident's medical status has been unstable; and, the programming is no longer beneficial to the resident.

Design considerations

Because people with Alzheimer's lose their short-term memories and may become confused and agitated when dealing with unfamiliar surroundings, home-like environments can help and have a positive impact.

Each bedroom is comfortably furnished with residential furniture and, in addition, includes many personal items such as pictures and smaller keepsakes brought by the resident. Indirect lighting provides a soothing effect and there is a nameplate and photograph of the resident beside each door.

McConnell Place North is made up of three houses each with ten private rooms and one semi-private room accommodating a total of 12 people. Each house has its own kitchen, living and dining room. All breakfasts and many of the other meals are prepared in the house kitchens. Sunday lunch and dinner, as well as some weekday meals, come from a nearby facility kitchen at Capital Care Dickinsfield. The houses share the use of the entertainment area called the Great Room, a family kitchen and dining room for private dining, library with a fireplace, gardening and craft room, music and entertainment room, and a beauty centre.

The kitchen and living/dining room in each 12-bed house serve as a common area for visitors, resident activities and between-meal snacks. The kitchen also functions as a unit work station. Charts are kept on a shelf in the house's laundry room. Meals are an important activity, and residents are encouraged to help cook, set the table and tidy up afterwards. Family members are welcome to assist residents with bathing and their personal care. They are also invited to join the residents for meals served at regular times and may use the family dining room for a resident-family gathering. Residents are free, however, to eat at different times and

EPICC: Studying the implementation process for innovative models of continuing care

How did the process of innovation begin?

Several years ago, a multi-stakeholder committee articulated a consumer-oriented vision for residential long term care. The 1993 discussion paper, Continuing Care Centres of Tomorrow: A Role Statement for Alberta's Long Term Care Facilities, outlined basic and specialized services for long term care facilities. "Innovations," explains EPICC Research Associate Nancy Stalker, "is a change in the way of thinking. It involves expanding choice; giving people options and promoting independence by allowing clients to do things for themselves."

Inovations involves expanding choice; giving people options and promoting independence.

A key element of the new vision and values was a recognition that clients served by the continuing care system had many different needs and preferences, and that a one-size-fits-all approach was not appropriate when providing continuing care programs and services. "Giving control back to the client by giving people the ability to make decisions that affect them is key here," continues Ms Stalker. "We believe that the client knows what's best in decisions affecting daily life."

Continuing care service providers in Alberta had begun to redesign their services. A Demonstration Project was the next logical step in practicing the values that consumers and service providers wanted. It would also help to implement the objectives outlined in the Alberta Health three-year business plan. The intent of the Demonstration Project was to provide opportunities to test creative ways of offering continuing care services to promote service flexibility, and consumer autonomy and quality of life. Leslie Gardner, EPICC Co-Investigator, says that the Demonstration Projects are giving Regional Health Authorities and their service providers the opportunity to try new ways of doing things "that promote consumer choice, autonomy and quality of life . . . there is freedom to try new things, to think about new ways of capturing outcomes for clients and their families."

What is Innovation?

There are a number of different definitions of innovation. Within the context of EPICC, we have chosen to define innovation as the process of bringing any new, problem-solving idea into use (Kanter, 1983). Innovation can involve creative use of existing invention as well as original invention. Thus, each of the five continuing care programs (within three models of care) which form the basis of the EPICC evaluation fits this definition. Each model was new to Alberta, provided new ways of meeting the needs of different sectors of the continuing care population, and was seen as addressing the lack of alternatives to traditional continuing care centres.

Ms Stalker notes that the thinking of planners and implementers of programs has evolved to a more client-centred focus. "As one key participant stated: 'We have moved to more partnerships among clients, family members and staff'." For example, at McConnell Place North (formerly the Alzheimer Care Centre) families are an important part of the program in their role on the Family Council.

Innovative ideas arise by programs being challenged by skeptics, which helps in planning and identifying issues. Such innovative ideas are fed to planners through community feedback and are considered key to program development. "Challenging or questioning assumptions and existing ways of doing things is key. 'How can we do it better?'," says Ms Stalker. "Each program developed its own philosophies and approach based on previous experience and intuition."

Innovation within context

It is important to study the process of implementation so that the initial outcomes of new programs can be understood in the context of the communities and organizations in which they are located. It can also help us understand other research themes within EPICC. Ultimately, the results

Kanter, R.M. (1983). *The Change Masters*. New York, NY: Simon and Schuster.

EPICC: Evaluating three models

will offer a guide to the implementation of similar innovations in Alberta and elsewhere in Canada. For example, the establishment of standards has been an implementation issue for Adult Family Living models. Their implementation interests include the policy development process with regard to these standards. The EPICC implementation study is taking place in the context of an interdepartmental government committee on private care home standards. The Committee has conducted extensive consultation on the issue of standards and is currently preparing recommendations for their respective Ministers.

A collaborative, participatory process was used for refining our implementation methods.

What are the evaluation project objectives concerning the implementation process?

1. What is the implementation process like for the innovation in each of the five EPICC sites?
2. What are the similarities and differences among the sites with regard to implementation issues? Are there common factors that facilitated or hindered a successful implementation?

Documenting implementation

A collaborative, participatory process was used for refining our implementation methods. To successfully track the implementation process, we require a description of the generation, acceptance and implementation of the new programs. Site representatives were asked to identify key individuals in the implementation of their particular innovative program, from initiation of the idea through implementation. Once identified, the site representatives determined appropriate groups of key individuals within their organization to interview in order to maximize the efficiency of data collection and enhance the accuracy of recall. This last strategy was particularly important because the planning for some of the innovative programs occurred several years ago and with the lapse in time, memories may fade. This collaborative process yielded the need for 16 individual and group interviews to document the implementation process.

We have completed interviews with all of the individuals and groups involved in proposing, planning and/or implementing the new programs. Some of the questions asked during these interviews include:

- Why was your program needed?
- Were there any obstacles or challenges in getting your program up and running?
- Were there any factors that were particularly important or helpful in getting your program planned and implemented?
- Were there any unanticipated or unexpected events (good or challenging) that happened in the planning or implementation of your program?
- How does your community support your program?
- If you had to give advice to another organization, community or government that is in the planning stages for a program similar to yours, what would you tell them?

Information gathered from these interviews is currently being transcribed. The data will be supplemented with key points from meetings with representatives from the demonstration sites. Regular meetings with site representatives provide opportunities to understand the process of implementation in terms of the day-to-day operations of the program and issues which challenge their client-centred vision and values. Documents such as minutes of planning meetings, program proposals and information about the innovative programs are other sources of data about program implementation.

Additional questions may be asked of key informants or others, such as staff or residents, over the course of the study as the data are analyzed. Data analysis, including determining critical incidents that enhanced or hindered the implementation process, will proceed over the summer.

If you have questions, please contact the project at **403-492-2865**, fax **403-492-3012**, or e-mail at **jacquie.eales@ualberta.ca.** Or you may write to: **The EPICC Project, Room 3-43, Assiniboia Hall, University of Alberta, Edmonton, AB, T6G 2E7.**

people who are comatose or who require continued professional nursing care for extended periods of time) and people who are physically aggressive toward themselves or others, suffer with substance abuse or exhibit suicidal behaviors are not seen to be best served in an assisted living setting and therefore are excluded in the Wedman House admission guidelines. Cognitive impairment is not a reason for exclusion from assisted living. However, the special needs of individuals with cognitive impairment require a different set of supportive services that must be met within the program's available resources. Enhanced supportive care required because of illness or rehabilitation can be accommodated within the services available at Wedman House for a short period of time.

Before coming to Wedman House, each new tenant meets with the Resident Care Manager to discuss the program and available services.

Individualized services

Before coming to Wedman House, each new tenant meets with the Resident Care Manager to discuss the program and available services. Tenants are expected to take an active role in determining the direction of services and support priorities. The person and/or family must understand and agree to sharing the responsibility for developing and carrying out their service plan. If needs are beyond the resources of the program, the tenant, family and Resident Care Manager explore creative solutions to meet the identified care need without jeopardizing the person or the program.

The Good Samaritan Society supports individual's rights to make decisions that impact upon one's own lifestyle and one's right to choose to live at knowledgeable risk. However, when an individual's choice is considered potentially harmful, the Resident Care Manager discusses the choice and negotiates a managed risk agreement, bounding the tenant's choice within acceptable limits while still respecting the person's right to privacy and independence.

Tenant service plans are co-ordinated by the Resident Care Manager. Support is provided by two staff teams of residential personal care aides who are cross-trained in personal care, dining assistance and housekeeping. Staff are present in the building 24 hours a day. Each resident has an emergency response system on the telephone should immediate assistance be required. Meals are prepared on-site by a residence cook, following her consultation with a tenant food services committee. Tenants may choose to eat in the main dining room with others or to prepare their own meals in their suite. Laundry assistance is available or tenants can choose to manage their own washing in the common laundry room. A hairdresser comes into the building once a week and makes appointments with tenants according to their wishes.

Health care services are co-ordinated through a Registered Nurse who is in the building or on-call at all times. The nurse completes ongoing health assessments, supervises treatments and notifies other health care providers when their services are needed. Choice of physician is made by the tenant. Tenants may choose to continue to be under the care of their family physician or may choose a physician who is

food is always available.

In addition to a home-like environment, the outdoors has a valuable calming effect on people with Alzheimer's disease. Residents can easily access the secure garden area, and may wander freely without supervision.

Residential programs

A full range of continuing care programs and services, including physiotherapy, occupational therapy, nutritional services, social work and pharmacy can be provided on a consultation basis by Capital Care Dickinsfield site, to meet individual care plans and to improve the quality of life for residents. Programs that support families are an integral part of the service and families reciprocate by taking a major hand in planning events with the staff.

Staffing

The ratio of professional to non-professional staff is lower than in continuing care centres. Resident companion staff are multiskilled and are responsible for food preparation, laundry, housekeeping, recreation and personal care (including giving medication). From 8 a.m. until 8 p.m. the ratio of resident companion staff to residents is 1:6. From 11 p.m. to 8 a.m. the ratio is 1:12. There is one LPN on site 24 hours per day and a manager (registered nurse) from Monday to Friday. A resident care manager is on call from the adjacent Capital Care Dickinsfield during off hours. Volunteer staff work as integral members of the care team and are involved in many daily activities.

Community partnerships

The Dementia Care project is based on the stated needs and preferences of consumers. The project has been developed with the help of many key partner organizations including: the Alzheimer Society; the University of Alberta; Edmonton Regional Long Term Care Planning Committee; Capital Health Authority, The Capital Care Foundation; Alberta Health; and Alberta Public Works Supply and Services.

Partly because The Capital Care Group plans to build McConnell Place West next year, an extensive formal evaluation study is being conducted under the direction of Dr. Sharon Warren from the Faculty of Rehabilitation at the University of Alberta. The evaluation will examine the effect of the building design and care program on residents' social experience and caregiver's reaction and satisfaction. Dr. Doris Milke was hired as Research Co-ordinator April, 1996. Information about this demonstration project, including factors that are critical in making the program work, and indicators of success, can be obtained by contacting:
Nat Mitchell, Manager,
McConnell Place North,
9113 - 144 Avenue,
Edmonton, Alberta T5E 4K2.
Phone: 403-496-2577,
fax 403-472-6699.

Highlight

Please mark your calendar for Friday Nov. 15, 1996, for Alberta's Best Continuing Care Practises 2nd Annual Workshop at the Fantasyland Hotel, Edmonton, Alberta. For further information call Sheila Mireau at 403-492-0688.

Innovations
IN CONTINUING CARE

Innovations in Continuing Care is published four times a year. Submissions, questions, and letters are welcome and should be sent to Project Co-ordinator Bruce Finlayson, c/o New Models in Continuing Care Demonstration Project, 8th Floor, Box 2222, 10025 Jasper Avenue, Edmonton, Alberta, T5J 2P4.

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